

STATE OF CONNECTICUT -- DEPARTMENT OF SOCIAL SERVICES  
**ENERGY ASSISTANCE APPLICATION**

Applicant I.D. No. \_\_\_\_\_

Application Date \_\_\_\_\_

Do you have a disability and need an accommodation or special help to complete this application? ☐ Yes ☐ No

Applicant Name \_\_\_\_\_ Primary Language \_\_\_\_\_ DSS Client I.D. # \_\_\_\_\_  
(last) (first) (middle initial)

Mailing Address \_\_\_\_\_ Home Telephone ( ) - \_\_\_\_\_  
(no. and street) (apt. #) (town) (state) (zip code) (area code)

Service Address \_\_\_\_\_ Day Time Phone ( ) - \_\_\_\_\_  
(no. and street) (apt. #) (town) (state) (zip code) (area code)

Total Number of Household Members \_\_\_\_\_ Number of Persons Disabled \_\_\_\_\_ Food Stamp Household ☐ Yes ☐ No (If yes, all members must receive Food Stamps)

**Listing yourself first, complete all spaces below for ALL persons living in the home.**

Name (last, first, middle initial)	Relation	Social Security #	Race	Sex M / F	Disabled Y or N	Age	Birthdate mm/dd/yr	Student Status	Education	Marital Status	Health Insurance Y or N	WIC Y or N	Veteran Y or N	Receive F.S. Y or N
<b>SELF</b>	<b>SELF</b>													

**HOUSING/ENERGY DATA**

**Note: Verification of rent or mortgage payment (if applicable) may be required. Verification of your current bill is needed if you heat with electricity or natural gas.**

Do you own a home? ☐ Yes ☐ No Are you still paying a mortgage? ☐ Yes ☐ No If Yes, what is your monthly mortgage payment? \$ \_\_\_\_\_

Mortgage Company Name \_\_\_\_\_ Address \_\_\_\_\_

Do you rent? ☐ Yes ☐ No Do you live in subsidized rental housing? ☐ Yes ☐ No Monthly Rent Payment (your portion) \$ \_\_\_\_\_

Landlord or Agent Name or Company Name \_\_\_\_\_

Landlord Address \_\_\_\_\_ Landlord Telephone ( ) \_\_\_\_\_  
(no. and street) (apt. #) (town) (state) (zip code) (area code)

Are you a roomer in someone else's home? ☐ Yes ☐ No Do you live rent-free in someone else's home? ☐ Yes ☐ No

Type of Dwelling: ☐ Single Family ☐ Two Family ☐ 3-5 Units ☐ 6+ Units ☐ Mobile Home ☐ In-Law Apt. ☐ Other (specify) \_\_\_\_\_

Method of paying heat: ☐ Heat included in rent ☐ Heat not included in rent Is your heat source shared or metered? ☐ Yes ☐ No

What is your main heating source? ☐ Oil ☐ Natural Gas ☐ Propane ☐ Electric ☐ Coal ☐ Wood ☐ Kerosene ☐ Other (specify) \_\_\_\_\_

What is the name of your primary heat source fuel dealer or utility company? \_\_\_\_\_

Address \_\_\_\_\_ Name on Account \_\_\_\_\_ Acct. No. \_\_\_\_\_

Electric Company Name \_\_\_\_\_ Name on Account \_\_\_\_\_ Acct. No. \_\_\_\_\_

**FINANCIAL DATA**Note: Verification of Income (*including benefits*) is required

APPLICANT'S NAME \_\_\_\_\_

INCOME SOURCES	PAY CHECK ( <i>weekly, bi-weekly, monthly, etc.</i> )	HOUSEHOLD MEMBER(S) RECEIVING INCOME
Employment Wages		
Public Assistance ( <i>TANF, SAGA, State Supp., etc.</i> )		
Child Support/Alimony		
Veteran's Benefits		
Unemployment Compensation		
SSI		
Social Security Benefits		
Worker's Compensation/Disability Insurance		
Retirement/Pensions/Annuities		
Rental Income		
Self-Employment		
Contributions from Friends/Relatives		
Zero Income		
Other		

**APPLICATION CERTIFICATION**

I have read this form, or it has been read to me in a language that I understand. I understand what is in the form. As the applicant for my household, I swear that all statements made by me on this application are true, correct and complete to the best of my knowledge.

I agree to provide to the Department of Social Services, or to its energy assistance contractor, the community action agency, any information, including wage and asset information, which is necessary to determine my household's eligibility. I also understand that the community action agency or the Department of Social Services may verify or confirm any information required to determine my eligibility for this program. I agree that the information in this application may be provided to my energy vendors for purposes of the administration of the Energy Assistance Program, and to any programs operated by the community action agency or DSS for which I may be eligible for benefits. I also give consent for this information to be provided to any authorized government agency. I agree for my energy vendors to provide the community action agency or DSS information about my energy account and/or usage. I also understand that information in this application may be used for evaluations and surveys.

I understand that if I am granted assistance as a result of my error, misrepresentation or fraud, I must repay, in full, the amount of the assistance provided, and I will not be eligible for assistance for the rest of the program year and for the following two (2) years. I also understand that if I have knowingly given any false or incorrect information, I may be subject to prosecution and penalties for false statements and larceny, as specified in sections 53a-122, 53a-123, and 53a-157b of the Connecticut General Statutes. These penalties may include imprisonment. I may also be subject to prosecution and penalties provided under federal law.

I have received a copy of the Notice of Applicant Rights and Service Availability form.

\_\_\_\_\_  
*Applicant's Signature*\_\_\_\_\_  
*Witness/Interpreter/Legal Representative*\_\_\_\_\_  
*Date*\_\_\_\_\_  
*Intake Worker's Signature*\_\_\_\_\_  
*Intake Site*

I swear or affirm that the certifications given are true, correct and accurate and understand that the provision of false, fraudulent or misleading information is punishable by state law.

\_\_\_\_\_  
*Certifier's Signature*\_\_\_\_\_  
*Date*W-1104  
(Revised 7/06)